

Verification of Membership in a NYS EMS Agency

Course Number

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 (Please retain this number for future reference)

EMS Identification Number (If you have one)
Only write your NYS EMS number in this space

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[illegible][illegible]

Primary EMS Agency

Secondary EMS Agency

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Primary Agency Name

[illegible]

Primary Agency Captain, Chief, or other agency official signing the affirmation on this form

Last Name

[illegible]

First Name and M.I.

[illegible]

**NYS EMS Identification
Number (If you have one)**

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Official's Agency Title

[illegible]

Personal Affirmation

Read Carefully Before Signing

I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

(Agency Official's Signature)

(Date)

(Applicant's Signature)

(Date)



Cattaraugus County Office of Emergency Services

Cattaraugus County Office of Emergency Services

EMS Course Notice of Liability

Today's Date: _____

Name of EMS Student: _____

Students Fire/EMS Agency: _____

Course Start Date: _____ Course End Date: _____

Course Location: _____

I, the Fire/EMS Officer of the above named Fire and/or EMS agency acknowledge and authorize

_____ to participate in the above EMS course sponsored by
(Type or Print Name of Participant)

Cattaraugus County Office of Emergency Services. The student is authorized participate in all related course activities that are required to complete the course. Such activities can include but not limited to classroom lectures, practical skills practice in the class room, lifting and moving of patients, hospital clinical time, and ambulance clinical time.

Our agency recognizes this activity as training. I understand that the individual will be covered by, the above named Fire and/or EMS agency's insurance while he/she participates in this course and all its related activities. Furthermore, it is understood that it is the student's responsibility to report any incidents, injuries, or exposures to their officer in-charge per their agency policies, and the course Certified Instructor Coordinator as soon as possible.

Officer's name _____
(Print name)

Officer's Signature: _____ Date: _____

Student's Signature: _____ Date: _____